

**Community Service Network 2 Meeting
Dorothea Dix, Bangor, Maine
August 12, 2008**

Approved Minutes

Members Present:

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| <ul style="list-style-type: none"> • Annette Adams, Acadia • Melinda Davis, AIN • Brent Bailey, Allies Inc. • Richard Brown, Charlotte White Center • Tom Lynn, CHCS • David McCluskey, Community Care • Vickie McCarty, Consumer Council System of Me • Jill Peters, Dirigo Counseling | <ul style="list-style-type: none"> • Jeremy Ashfield, Families United • Susan Buck, Fellowship Health Resources • Bob Mathien, Maine Mental Health Connections • John Spieker, Mayo Regional Hospital • Sue Rouleau, MDI Behavioral Health • Betty Foley, Medical Care Development • Linda Catterson, NFI North • Charles Tingley, NOE | <ul style="list-style-type: none"> • Angela Fileccia, OHI • Michael Corbin, Penobscot Valley Hospital • Barbara Kerrigan, Phoenix Mental Health • Sharon Dean, Sunrise Opportunities • Lydia Richard, Together Place • Susan Romero, Wabanaki-Sweetser • John Edwards, WCPA (via ITV) |
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Members Absent:

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| <ul style="list-style-type: none"> • Bangor Counseling Center • Behavioral Health Center • Blue Hill Memorial Hospital • CA Dean Memorial Hospital • Calais Regional Hospital | <ul style="list-style-type: none"> • Care & Comfort • CSN 2 Employment Service Network (excused) • Down East Community Hospital • Maine Coast Memorial Hospital • Millinocket Regional Hospital | <ul style="list-style-type: none"> • NAMI-ME Families • Regional Medical Center at Lubec • St. Joseph's Hospital • Wings |
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Alternates/Others Present:

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| <ul style="list-style-type: none"> • Judy Provencher, Medical Care Development | <ul style="list-style-type: none"> • Sharon Greenleaf, NOE | <ul style="list-style-type: none"> • Corey Schwinn, WCPA |
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Staff Present: DHHS/OAMHS: Sue Lauritano, Mary Louise McEwen, Don Chamberlain, Marya Faust, Scott Kilcollins. Muskie School: Elaine Ecker.

Agenda Item	Discussion
I. Welcome and Introductions	Sue opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	<p>The minutes of the June meeting were approved as written.</p> <p>At this point Don made several announcements:</p> <p>Sue Lauritano is now the official Mental Health Team Leader for Region III. Congratulations to Sue.</p> <p>David Proffitt's Resignation David Proffitt, Superintendent of Riverview Psychiatric Center, has resigned to take a position as CEO of Acadia Hospital in Bangor. OAMHS is working on a transition plan and negotiating with David re: his leaving date.</p> <p>APS Healthcare—Data, Enrollment, Grant Funds</p> <ul style="list-style-type: none"> • The scheduled date for APS Healthcare to take over enrollment and RDS/EIS data is moved to September 1. Agencies will no longer be required to enter information into both APS and OAMHS systems for clients receiving community integration services. • APS will also take over applications/approvals for grant-funded services on September 1. • The 90-day reviews will coincide with when due according to ISPs, not APS schedule. • OAMHS will send out a memo to all CSN members detailing the above changes two weeks in advance.

Agenda Item	Discussion
<p>III. Feedback on OAMHS Communications</p>	<p>Sue informed the group that this agenda item will appear as a new standing item on all CSN agendas to give members a regular opportunity to ask questions or give feedback on all OAMHS communications (state or regional levels) received during the month.</p> <p>Unbundling PNMI Betty Foley inquired if anything will be coming for guidance on doing charts and notes for personal care in residential settings, in anticipation of the unbundling of PNMI services. Don responded that he has some information, and unbundling is moving forward with definitional work. There is no effective date yet, and it will not be implemented during this fiscal year. He explained that OAMHS has identified the residential units targeted for the switch—those designated “1603—PNMI Residential Scattered Site” units. Those will no longer have PNMI designation, and clients will be supported by Community Integration, ACT, Daily Living Skills, and Skills Development. Also still looking to what happens at the Federal level with the Rehab Option.</p> <p>ACT Intact Also, Don informed that ACT services will not be separated out.</p> <p>Outpatient Members explained in detail some of the ramifications of changes to Section 65 services, particularly around outpatient services. Days have been cut from 365 to 180, and units have been cut from 96 to 32. Services formerly billed under an emergency outpatient code and not included in approved unit count, now <u>are</u> included in unit count. Emergency situations can take several hours and significantly depletes available units, which then requires a continued stay review for additional units. That continued stay review triggers higher scrutiny and much additional paperwork—approximately 14 pages of information—much of which could/should be done away with.</p> <p>Members concurred that fulfilling requirements of the APS process has severely increased administrative burden, and for many, required hiring staff and/or considerable input from higher-level personnel whose time is costly and could be much better spent on other work.</p> <p>ACTION: Marya indicated that OAMHS will look into these issues.</p>
<p>IV. Legislative Session January 2009</p>	<p><u>Bills/Rules: Proposals/ideas from members</u> OAMHS encourages members to bring forward any ideas for rule changes or bills for the upcoming legislative session. More discussion on this item at the September meeting.</p> <p><u>Budget: Process for September CSN discussions</u> Work has begun on the State’s biennial budget for FY 2010 & 2011. OAMHS will make its budget requests based in part on the RDS unmet needs data (discussed below), though many other sources of information are also considered. OAMHS also welcomes any unmet needs information or budget requests from CSN members. Any such requests should include specific proposals to meet specific needs, with supporting data that includes how the service need is identified, how many people would be affected, how the funds would be used, etc.</p> <p>ACTION: Members are to bring any specific proposals for rule changes, bills, and budget requests for discussion at the September meeting.</p> <p><u>Budget: Unmet Needs Data</u></p>

Agenda Item	Discussion
	<p>Members received handouts of enrollment and RDS (Resource Data Summary) Unmet Needs data for the 4th Quarter of FY 2008. The materials also contained data from the previous two quarters. Marya cautioned that increases in unmet needs for the 4th quarter have more to do with providers' good work in getting overdue data into the system and not with a sudden actual increase in unmet needs. The 4th quarter going forward, Marya said, will provide the best data for planning purposes.</p> <p>Marya reviewed that the RDS/EIS data comes from agencies providing Community Integration, Intensive Community Integration (no longer offered), ACT, and State ICM services. This population, though not the complete picture, is assumed to comprise a significant portion of the target group—people with SPMI (severe and persistent mental illness).</p> <p>Members reviewed the various charts and graphs. Highlights for CSN 2:</p> <ul style="list-style-type: none"> • CSN 2's increase in reported unmet needs was lower than the State as a whole in every category except health care. • Housing and Health Care show the highest numbers of unmet needs in this CSN (and most others). • It is important to look at the actual numbers, not just percentage changes, especially in considering small numbers. For example, an increase from 2 reports to 4 would show as a 100% change. <p>Comments/Discussion:</p> <ul style="list-style-type: none"> • Lydia reported that AIN (Advocacy Initiative Network) has been receiving calls from consumers and counselors reporting that counselors are not being paid by MaineCare, some for months, and therefore can no longer provide the services. Could show up as unmet need for outpatient services. • Corey of WCPA wondered if unmet needs for outpatient services are higher because people receiving grant-funded community integration services are not eligible for outpatient. • Melinda of AIN pointed out that the numbers of unmet needs reported in the area of peer services seems very low, especially in light of the information AIN receives from consumers through phone calls and input at various events. Possible under-reporting? A couple of agency members noted that although emphasis on peer services is in place for their case managers, many clients are most concerned with meeting basic needs (food, shelter) and are not looking beyond that. • Another noted that substance abuse numbers are also low... Marya responded that OAMHS is looking to APS for better data for co-occurring diagnoses and whether they are receiving co-occurring services. That data might be more accurate, she said, but there are still some questions since numbers look low there, too. • Members are seeing increase in people losing MaineCare—becoming a significant issue. Part of issue is requirement for birth certificate and another contributing factor is Schaller-Anderson reviews finding people ineligible. <p>A long discussion about Schaller Anderson followed. Marya explained her understanding of Schaller Anderson (SA): SA is an independent company hired by DHHS to look at people with complex medical needs and provide overall case management, working with existing resources or working with clients to get the services they need (particularly linking with primary care) and eliminating overlap and duplication.</p> <p>Members concurred with that understanding, but find SA goes beyond that role in some instances, and members are uncertain of what is expected or what is appropriate to provide to SA. Some clients have received notices from SA offering case management when the client already has management through an agency. Also, SA is looking at level of</p>

Agenda Item	Discussion
	<p>care in <i>behavioral health</i> during their reviews. Marya said that SA should be contacting APS about appropriate levels of care in behavioral health. Members asked for clarity around:</p> <ol style="list-style-type: none"> 1. What is an agency's relationship and responsibility to SA? 2. What to advise consumers 3. How to coordinate with APS <p>Members expressed confusion with the roles of the "reviewing bodies coming in," and said it would be helpful to have clear information on the roles of APS, SA, and UR Nurses.</p> <p>ACTION: Marya responded that the discussion was very helpful, and OAMHS will get back on these issues.</p>
V. PNMI Process & Forms	<p>Sue briefly reviewed the PNMI forms and members discussed the current process for PNMI placement. They also discussed the new electronic Adult Mental Health PNMI Bed Occupancy Daily Report operated by APS Healthcare, and found at the following link: http://www.qualitycareforme.com/Maine_Adult_MH_Facilities.htm</p> <p>Betty Foley of MCD asked if there are any PNMI provider meetings in Region III. A: Not presently, though there used to be. Several members indicated they would like such a meeting in Region III.</p> <p>Members also inquired about status of PNMI rate-setting and "bed-hold days." Don informed that a second formula using percentages (to replace unworkable initial formula using dollar amounts) is due soon from Geoff Greene.</p>
VI. Subcommittee Reports	<p>ISPs to Hospitals</p> <p>Members received two handouts reporting results of UR Nurse reviews of hospital records for Consent Decree Performance Standard 18-1,2,3 for all four quarters of FY 2008. This standard pertains to involuntary hospitalizations of consumers receiving Community Integration services and tracks whether the hospital obtained the ISP, whether the treatment and discharge plan is consistent with the ISP, and whether the case manager is involved with treatment and discharge planning.</p> <p>Don expressed concern that performance is not improving re: hospitals receiving ISPs. He noted that case managers are usually involved in discharge treatment and planning, but still the ISP is not included in the hospital record. How can this be improved? OAMHS is in discussion with APS about providing this information (which turns out to be more complicated than first might appear), but in the meantime, what steps can be taken?</p> <p>Members mentioned several contributing factors and complications:</p> <ul style="list-style-type: none"> • People being involuntarily committed are not inclined to provide information or sign releases. • Time of hospitalization, i.e. weekend, postpones worker assignments and notifications. • When agencies do find out about hospitalizations through various means, hospital cannot confirm or deny without a release from the patient. • Providing the ISP is a matter of continuity of care, so helpers in the community are part of client's care when hospitalized—community teams involved with hospital teams to get the person the best care. • Perhaps data includes some people who were newly enrolled in community integration, as part of discharge plan and ISP does not yet exist. • Various ways people get to the hospital...crisis may not be involved. (Acadia Hospital does assessments for Eastern Maine Medical Center and does use crisis services at all.)

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	<ul style="list-style-type: none"> • Furthermore, the numbers are small: only 4% of crisis resolutions are involuntary commitment (per Corey of WCPA.) • Annette of Acadia Hospital informed that of every 100 people assessed, only 15 are hospitalized. Of those 15, only 3 are involuntary. <p>Possible strategies:</p> <ul style="list-style-type: none"> • Focus first on the involuntary commitments. • If agencies suspect or find out a client is hospitalized in Acadia, the agency (with appropriate release on file) can provide the ISP to the “Adult Unit.” Acadia can receive the information, but cannot request it without a signed release. • When case manager attends discharge meeting, bring copy of ISP for hospital file. <p>Region II has not had a UR Nurse for some time—but one was recently hired, Angel Doyle, and she will begin on September 1.</p> <p>Peer Services Melinda had no new activity to report, but did ask for an explanation of why the \$21,500 designated for peer services for CSN 2 for FY 2008 was never received by AIN (as fiscal agent). Are those funds now gone? Don and Marya responded that FY 2008 funds no longer exist, but they did not have an explanation as to why the \$21,500 was not paid out. Melinda expressed regret at the loss of the funds, saying it could have been used to purchase equipment and other things necessary to support the anticipated Peer Community Organizer position in CSN 2.</p> <p>ACTION: OAMHS will report back on why CSN 2’s FY 2008 peer services funds were lost.</p> <p>Don informed that another \$21,500 is included in FY 2009 funding and appropriate steps need to be taken to make sure those funds are expended for peer services in this CSN.</p>
VII. Consumer Council Update	<p>Vickie said that the Statewide Consumer Council’s monthly meeting is tomorrow, August 13, in Augusta, and shared that the Council is going through some struggles:</p> <ul style="list-style-type: none"> • The ESN has requested that the Council appoint a representative by August 26 and stipulated that it must be someone from the host agency, currently receiving Section 17 services, and currently employed. More discussion is need on this, since it does not go along with previous information or the Council’s selection process for representation. • AIN recently held forums to address concerns about the Council and issued a report. The report will be discussed by the SWC at tomorrow’s meeting. • Local councils are forming slowly—they have temporary status for 6 months while they work toward recognized status. The Council may need to address issues to simplify this process. A small group meets in Bangor every other Tuesday. Dover-Foxcroft is struggling. Aroostook has a full group, but members are based from one peer center and need to reach out to other people in the community. • The Council may reinstitute the Regional Meetings. <p>Don responded re: the ESN: Criteria for serving on the ESN is not limited to that particular agency, nor on receiving Section 17 services and being employed. “The notion of exclusivity is not the intent,” Don said. Any CSN member who is interested could be part of the ESN. Certain people are identified up front, but it is not limited to just them. He also noted that this initiative is new and still developing.</p>

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	<p>ACTION: Don will follow up with MMC staff re: contacting the Consumer Council for representation to ESN 2 and MMC providing clear information on how people may get involved in their local ESNs.</p>
VIII. Report from the Employment Services Network (ESN)	Neither Gayla or Sheryl could attend today's meeting, but a written update was provided and distributed to those present.
IX. Impact of Energy Costs	<p>OAMHS asked for members to discuss the impact of high gas and oil prices—both on agencies administratively and on consumers they serve. Would also like to know what actions they are taking or anticipate taking to address the impacts, as well as gather information for budget work.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • People are missing outpatient appointments because of gas prices. Trying to do more co-location with primary care. • Got estimates on weatherization (residential units), reduced use of vehicles, motion sensors for lighting, etc.—brainstormed ideas. • HEAP benefits will not even provide half a tank of oil. • Expect increased incidence of home fires and carbon monoxide poisoning. • Aroostook County has held three meetings to address these issues. • Penquis CAP is working on establishing a warming center.
X. Consent Decree Report	<p>Marya informed the group that the Consent Decree Quarterly Report for April-June 2008 has been filed with the Court Master. Copies of all documents are posted on the OAMHS website: www.maine.gov/dhhs/mh/consent_decree. Members were encouraged to look at the Consent Decree Performance Standards Summary document, in particular.</p> <p>Lydia pointed out that the last Quarterly Report includes an error in stating that eight Local Consumer Councils have been formed. None have been recognized, though several are in development.</p>
XI. Other	<p>Judge Mills' Order – Monitor</p> <p>Marya explained that OAMHS made a presentation to Judge Mills in response to her concerns regarding the amount of funding supporting the mental health system for FY 2008, 2009, and forward, to determine whether or not there were sufficient funds to meet compliance and whether OAMHS has been an adequate advocate for funding. Judge Mills concluded that she could not make a determination without more information and, therefore, will appoint a monitor to study the matter. The monitor will conduct the study independently and may interview agency personnel, consumers, etc.</p> <p>Court Master Dan Wathen has nominated Elizabeth Jones, though Judge Mills has not officially confirmed this nomination.</p> <p>Marya also explained the difficulty OAMHS faces in being an advocate as the Consent Decree agreement envisions, since OAMHS must make requests within the directives of the DHHS Commissioner and the Governor. The appointment of a monitor may provide an opportunity to have a good picture of what's needed in the system to be in compliance.</p> <p>Demographic Handout</p> <p>Members received a handout with demographic information, which may be helpful in budget preparations.</p>

Agenda Item	Discussion
	<p>Wraparound Funds Sue informed that Wraparound funds will continue to be handled as before through December, though OAMHS is asking for CSN input on how members would like to distribute wraparound funds from January forward.</p> <p>Members requested copies of the policy and the amount of funding involved to discuss this further at the September or October meeting.</p>
XII. Public Comment	None.
XIII. Meeting Recap and Agenda for Next Meeting	<p>See ACTION items above.</p> <p><u>September Meeting Agenda:</u> OAMHS Communication Legislative--Bills, Budget Consumer Council Update ESN Update Subcommittee Reports, including review of Transformation Subcommittee Report Wraparound Funds</p>